

| AO 455<br>(Rev. 04/18)  |   |                                 |   |  | ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS |   | FOR COURT USE ONLY          |                                     |
|---|---|---------------------------------|---|--|---|---|-----------------------------|-------------------------------------|
| TRANSCRIPT ORDER  |   |                                 |   |  |   |   | DUE DATE:                   |                                     |
| <i>Please Read Instructions:</i>  |   |                                 |   |  |   |   |                             |                                     |
| 1. NAME<br><b>Wesley Hill</b>   |   |                                 | 2. PHONE NUMBER<br><b>(903) 757-6400</b>  |  | 3. DATE<br><b>12/20/2023</b>                      |   |                             |                                     |
| 4. DELIVERY ADDRESS OR EMAIL<br><b>PO Box 1231</b>  |   |                                 | 5. CITY<br><b>Longview</b>                |  | 6. STATE<br><b>TX</b>                             |   | 7. ZIP CODE<br><b>75606</b> |                                     |
| 8. CASE NUMBER<br><b>2:22-cv-00203-JRG-RSP</b>  |   | 9. JUDGE<br><b>Roy S. Payne</b> |   | DATES OF PROCEEDINGS   |   |   |                             |                                     |
|   |   |                                 |   | 10. FROM <b>12/20/2023</b>                                       |   | 11. TO <b>12/20/2023</b>                      |                             |                                     |
| 12. CASE NAME<br><b>Netlist, Inc. v. Micron Technology, Inc. et al</b>  |   |                                 |   | LOCATION OF PROCEEDINGS  |   |   |                             |                                     |
|   |   |                                 |   | 13. CITY <b>Marshall</b>   |   | 14. STATE <b>Texas</b>                        |                             |                                     |
| 15. ORDER FOR   |   |                                 |   |  |   |   |                             |                                     |
| <input type="checkbox"/> APPEAL   |   |                                 | <input type="checkbox"/> CRIMINAL         |  |   | <input type="checkbox"/> CRIMINAL JUSTICE ACT |                             | <input type="checkbox"/> BANKRUPTCY |
| <input type="checkbox"/> NON-APPEAL   |   |                                 | <input checked="" type="checkbox"/> CIVIL |  |   | <input type="checkbox"/> IN FORMA PAUPERIS    |                             | <input type="checkbox"/> OTHER      |
| 16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)    |   |                                 |   |  |   |   |                             |                                     |
| PORTIONS  |   | DATE(S)                         |   | PORTION(S)   |   | DATE(S)                                       |                             |                                     |
| <input type="checkbox"/> VOIR DIRE  |   |                                 |   | <input type="checkbox"/> TESTIMONY (Specify Witness)             |   |   |                             |                                     |
| <input type="checkbox"/> OPENING STATEMENT (Plaintiff)  |   |                                 |   |  |   |   |                             |                                     |
| <input type="checkbox"/> OPENING STATEMENT (Defendant)  |   |                                 |   |  |   |   |                             |                                     |
| <input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)   |   |                                 |   | <input checked="" type="checkbox"/> PRE-TRIAL PROCEEDING (Specy) |   |   |                             |                                     |
| <input type="checkbox"/> CLOSING ARGUMENT (Defendant)   |   |                                 |   | <b>Pretrial Conference</b>                                       |   | <b>12/20/2023</b>                             |                             |                                     |
| <input type="checkbox"/> OPINION OF COURT   |   |                                 |   |  |   |   |                             |                                     |
| <input type="checkbox"/> JURY INSTRUCTIONS  |   |                                 |   | <input type="checkbox"/> OTHER (Specify)                         |   |   |                             |                                     |
| <input type="checkbox"/> SENTENCING   |   |                                 |   |  |   |   |                             |                                     |
| <input type="checkbox"/> BAIL HEARING   |   |                                 |   |  |   |   |                             |                                     |
| 17. ORDER   |   |                                 |   |  |   |   |                             |                                     |
| CATEGORY  | ORIGINAL<br>(Includes Certified Copy to Clerk for Records of the Court) | FIRST COPY                      | ADDITIONAL COPIES                         | NO. OF PAGES ESTIMATE  |   | COSTS   |                             |                                     |
| ORDINARY  | <input type="checkbox"/>  | <input type="checkbox"/>        | NO. OF COPIES                             |  |   |   |                             |                                     |
| 14-Day  | <input type="checkbox"/>  | <input type="checkbox"/>        | NO. OF COPIES                             |  |   |   |                             |                                     |
| EXPEDITED   | <input checked="" type="checkbox"/>                                     | <input type="checkbox"/>        | NO. OF COPIES                             |  |   |   |                             |                                     |
| 3-Day   | <input type="checkbox"/>  | <input type="checkbox"/>        | NO. OF COPIES                             |  |   |   |                             |                                     |
| DAILY   | <input type="checkbox"/>  | <input type="checkbox"/>        | NO. OF COPIES                             |  |   |   |                             |                                     |
| HOURLY  | <input type="checkbox"/>  | <input type="checkbox"/>        | NO. OF COPIES                             |  |   |   |                             |                                     |
| REALTIME  | <input type="checkbox"/>  | <input type="checkbox"/>        |   |  |   |   |                             |                                     |
| CERTIFICATION (18. & 19.)<br>By signing below, I certify that I will pay all charges (deposit plus additional). |   |                                 |   | ESTIMATE TOTAL   |   | 0.00  |                             |                                     |
| 18. SIGNATURE<br><b>/s/ Wesley Hill</b>   |   |                                 |   | PROCESSED BY   |   |   |                             |                                     |
| 19. DATE<br><b>12/20/2023</b>   |   |                                 |   | PHONE NUMBER   |   |   |                             |                                     |
| TRANSCRIPT TO BE PREPARED BY  |   |                                 |   | COURT ADDRESS  |   |   |                             |                                     |
| ORDER RECEIVED  |   | DATE                            | BY  |  |   |   |                             |                                     |
| DEPOSIT PAID  |   |                                 |   | DEPOSIT PAID   |   |   |                             |                                     |
| TRANSCRIPT ORDERED  |   |                                 |   | TOTAL CHARGES  |   | 0.00  |                             |                                     |
| TRANSCRIPT RECEIVED   |   |                                 |   | LESS DEPOSIT   |   | 0.00  |                             |                                     |
| ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT   |   |                                 |   | TOTAL REFUNDED   |   |   |                             |                                     |
| PARTY RECEIVED TRANSCRIPT   |   |                                 |   | TOTAL DUE  |   | 0.00  |                             |                                     |